Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER SMALL	11
TOTAL CLAIMS 27								RATE	FEE	] [	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			27minus 20=		• 7			X\$ 9=	,	OR	X\$18=	126
INDEPENDENT CLAIMS				/ minus 3 =		· /		X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							<u></u>	TOTAL		OR	TOTAL	916
Claims as amended - Part II											OTHER THAN	
(Column 1) (Column 2) (Column 2) (Column 2)						(Column 3)	: ر	SMALL E		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.27	Minus	-27		=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	NTATION OF M	Minus JLTIPLE DEF	PENDEN	Γ CLAIM	]=		X40=		OR	_X80≤	
	1							+135=		OR	+270=	
							⊒ Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_			• ,		
AMENDMENT B	To the second	CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	27	Minus	27		=		X\$ 9=		OR	X\$18=	and the second s
AME	Independent	·	Minus	****		<u> </u> =		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL			TOTAL	
							Αl	DDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colu	mn 2) IEST	(Column 3) I		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T 01	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	'ENDEN	CLAIM		』 ├─	+135=			070	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					er foun	d in the app	ropriate box	in co	lumn 1.	